

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation Lamorne
 Street or Subdivision Lot # 163 Bitter Milk Rd.

PROPERTY OWNER(S) NAME

Last: Merchant First: Bob

Applicant Name:

Mailing Address of Owner/Applicant (if Different)

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector(s) to deny a permit.

Signature of Owner/Applicant

Date

Department of Health and Human Services
 Division of Environmental Health

Town/City Lamorne Permit # 1874

Date Permit Issued 11/15/17 Fee: \$ 40 Double Fee Charged []

Local Plumbing Inspector Signature [Signature] L.P.I. # 384

Fee: \$ _____ State min. fee \$ _____ Locally adopted fee

Copy: [] Owner [] Town [] State Map # 7 Lot # 16 Local

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.

LPI Signature

Date Approved (Rough-in)

Date Approved (Final)

PERMIT INFORMATION

This Application is for

- 1 ☒ NEW PLUMBING
 2 ☐ RELOCATED PLUMBING

Type of Structure to be Served

- 1 ☒ SINGLE FAMILY RESIDENCE
 2 ☐ MODULAR OR MOBILE HOME
 3 ☐ MULTIPLE FAMILY DWELLING
 4 ☐ OTHER-SPECIFY _____

Plumbing to be Installed by:

- 1 ☐ MASTER PLUMBER
 2 ☐ OIL BURNERMAN
 3 ☐ MFG'D HOUSING DEALER / MECHANIC
 4 ☐ PUBLIC UTILITY EMPLOYEE
 5 ☒ PROPERTY OWNER

LICENSE # [] [] [] [] [] [] [] [] [] []

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

Column 2 Number Type of Fixture

Column 1 Number Type of Fixture

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district. | <input type="checkbox"/> Hosebib / Sillcock | <input type="checkbox"/> Bathtub (and Shower) |
| <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system | <input type="checkbox"/> Floor Drain | <input type="checkbox"/> Shower (separate) |
| <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | <input type="checkbox"/> Urinal | <input type="checkbox"/> Sink |
| | <input type="checkbox"/> Drinking Fountain | <input type="checkbox"/> Wash Basin |
| | <input type="checkbox"/> Indirect Waste | <input type="checkbox"/> Water Closet (Toilet) |
| | <input type="checkbox"/> Water Treatment Softener, Filter, Etc. | <input type="checkbox"/> Clothes Washer |
| | <input type="checkbox"/> Grease / Oil Separator | <input type="checkbox"/> Dish Washer |
| | <input type="checkbox"/> Roof Drain | <input type="checkbox"/> Garbage Disposal |
| | <input type="checkbox"/> Bidet | <input type="checkbox"/> Laundry Tub |
| | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Water Heater |
| | <input type="checkbox"/> Fixtures (Subtotal) Column 2 | <input type="checkbox"/> Fixtures (Subtotal) Column 1 |
| | | <input type="checkbox"/> Fixtures (Subtotal) Column 2 |

OR

☐ TRANSFER FEE
 [\$10.00]

SEE PERMIT FEE SCHEDULE
 FOR CALCULATING FEE

☐ Owner ☐ Town Copy ☐ State Copy

TOTAL FIXTURES

Fixture Fee

Transfer Fee

Hook-Up & Relocation Fee

PERMIT FEE (TOTAL)